



Cuddle My Kids

Providing free support services
for families with cancer

Volunteer Application

Name _____ Date of Birth _____ / _____ / _____

Address _____

City _____ State _____ ZIP _____

Phone (Mobile) _____ (Home) _____

E-mail _____

Current Employment or School Status:

Work Experience:

Volunteer Experience:

Special Skills or Training:

Areas of Volunteer Interest (please circle all that apply):

In-Home Visits During the Day (10-11:30AM & 12:30-2PM)

Cuddle Cares Program (Saturday only) Event Support

Office Support Community Outreach Support

Please remit this form to:

Cuddle My Kids, Inc.
PO Box 256
Westtown, Pa 19395

Please contact Cuddle My Kids with any questions:
484-301-3047 / info@cuddlemykids.org

Thank you for your time and efforts in helping us support families with cancer.